Candidate Intention Statement	RECEIVED	FORM 501
Check One: (Initial	AUG 1 2 2022	For Official Use Only
KI	GS COUNTY ELECTIONS	
1. Candidate Information:		
NAME OF CANDIDATE (Last, First Middle Initial) ADAYTIME TELEPHONE NUMBER FAX NUM STREET ADDRESS CITY	MBER (optional) EMAIL (o) STATE ZIP CODE	
Kettieman City CA 9:	3237 .	•
Kettleman City Community Service Oistnet		PREFERENCE:
OFFICE JURISDICTION) 1	Α.	Check one box, if applicable.)
City County Multi-County: (Name of Multi-County Jurisdiction)	- イナロング・ケー	SPECIAL / RUNOFF
□ I accept the voluntary expenditure ceiling for the election stated above. □ I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: ○ I did not exceed the expenditure ceiling in the primary or special election held on	and I accept	the voluntary expenditure
ceiling for the general or special run-off election.		
(Mark if applicable)		
On, contributed personal funds in excess of the expenditure ceiling for the	election stated above.	
3. Verification:		
Leavilly under namely, of navigny under the laws of the State of California that the foregoing is two	e and correct	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true	and comect.	